

Lee Memorial Library

500 West Crescent Ave.
Allendale, NJ 07401

(201) 327-4338

DATE: _____

Student Application

FIRST NAME: _____

Male Female Other

LAST NAME: _____

Address: _____

City/State/Zip: _____

Phone (Home): _____

Which phone would you
prefer to be reached at?
Home / Cell

Phone (Cell/Work): _____

Email: _____

Availability: Days M T W TH F S

Times: _____

Tutor Preference: Male Female None

Home Language: _____ Speak Read Write

Education Level: Grade 0-4 Grade 5-8 Grade 9-11 HS Diploma College
Graduate Degree Not Available

What are your goals?

Internal Use Only:

Matched with: